



06-02-05

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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**TRANSMITTAL
FORM**

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Total Number of Pages in This Submission 3

Application Number	09/828,313
Filing Date	April 6, 2001
First Named Inventor	Oswaldo da Costa e Silva
Art Unit	1638
Examiner Name	C. Collins
Attorney Docket Number	15093

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Express Mailing; return postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature			
Printed name	Mark A. Westhafer		
Date	June 1, 2005	Reg. No.	42,220

CERTIFICATE OF TRANSMISSION/MAILING

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PTO/SB/82 (09-04)
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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/828,313
Filing Date	April 6, 2001
First Named Inventor	Oswaldo da Costa e Silva
Art Unit	1638
Examiner Name	C. Collins
Attorney Docket Number	15093

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

029137

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

029137

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Date

ppa Bieberbach

i.V. Pressler

May 24th, 2005

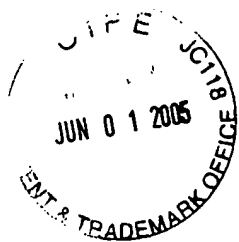
Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 09/828,313
Applicant: da Costa e Silva et al.
Filed: April 6, 2001
Docket No.: 15093
Customer No.: 029137

CERTIFICATION PURSUANT TO 37 CFR § 1.10

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

I certify that the attached Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address, Transmittal, and return postcard are being deposited with the U.S. Postal Service, Express Mail Label No. EL807451430US, in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450, on June 1, 2005.


Heidi V. Sullivan